

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-030995

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 391 Primary Registration District No. 4504 Registrar's No. 22

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1/1030

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94200

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUL 23 1963

1. PLACE OF DEATH a. COUNTY Stoddard Stoddard		2. USUAL RESIDENCE (Where deceased lived if institution; Residence before admission) a. STATE Missouri b. COUNTY Stoddard Stoddard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bell City		c. CITY OR TOWN Bell City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Shetley Nursing Home		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Ellen Middle Smith Last Smith		4. DATE OF DEATH Month June Day 27 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct. 17/99
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11a. FATHER'S NAME Robert N. Ball		11b. MOTHER'S MAIDEN NAME Mary Davis	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 6485	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SHOCK DUE TO (b) Circulatory Failure DUE TO (c) CORONARY THROMBOSIS		17. INFORMANT Address Mrs. Marvin Roe Portageville, Mo.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Heart Disease with Coronary Failure		PART III. If deceased was female was there a pregnancy in last 90 days? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Failure	
20c. TIME OF INJURY Hour 12:30 p.m. Month, Day, Year 6-27-63		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Portageville, Mo. COUNTY Stoddard STATE Missouri	
21. I attended the deceased from JULY 58 to 6-27-63 and last saw her alive on 6-27-63 Death occurred at 12:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Doctor or title) Dr. W. M. Moore		22b. ADDRESS Portageville, Mo. 64863	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/29/1963	
23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery		23d. LOCATION (City, town, or county) (State) Hartsville, Missouri	
24. FUNERAL DIRECTOR ADDRESS Delisle Funeral Home Portageville, Mo.		25. DATE RECD. BY LOCAL REG. 7/15/63	
		26. REGISTRAR'S SIGNATURE Service Moore	

JUL 25 1968

JUL 24 1968

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Joseph A. Lipp

Licensed Embalmer No. _____

P. O. Address *Wagerville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.